

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3						
4						
5	3					
6	2					
7	/					
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TOTAL IND.	/					
TOTAL DEP.	/					
TOTAL CLAIMS	12					

	IND	DEP	IND	DEP	IND	DEP
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